	COMMUN	IICATION SEF	RVICE	AU	THORIZAT	ΓΙΟ	N	
1. AUTHORIZATION		2. AUTHORIZATION				3. C	IRCUIT OR BILL N	UMBER
	DATE (YYMMDD)			b. DA	TE (YYMMDD)			
TDC4	, ,	DG1 200 01 H 00	0.2					
TF64 4. FROM (Include Zip Code)		DCA200-91-H-00			JAN 08	A TIO	N TO (Include Zip	Codel
38 LS/LGCX			5. SUBIVII	II DILL	S FUR CERTIFICA	41101	N 10 (Include Zip	Coae)
4022 HILLTOP ROAD STE 2 TINKER AFB OK 73145-271	3	NNI 994 0207	158 CS/SC 105 ECO DRIVE S BURLINGTON VT 05403-5873					
BUYER: LILY BLOCK (405		5IN: 884-9291						
6. TO (Communications Compan					NUMBER TO COM	NTAC	CT FOR DETAILS	
a. COMPANY NAME NEW ENGLAND TELEPHO	NE CO		(Include	e Area	MS ₈	gt Lo	oso (802)660-549	06
dba BELL ATLANTIC INC			8. AUTH	ORIZAT	ΓΙΟΝ. In accordar	nce v	vith provisions of t	he contract
b. ADDRESS (1) STREET 185 FRANKLIN	ST RM 1510		is here	by give	en to communica	tions	orization forms a p company indicate ficial use as presc	d in Item 6 to
(2) CITY	(3) STATE	(4) ZIP CODE	ו זמוזמ	NGTO	ON IAP VT			
			DUKLI	INGIC	JN IAP VI			
BOSTON	MA	02107						
9. SERVICE(S)							d DATE DI	ER MONTH
DES	CRIPTION		NUMB	BER	NON-RECURRII CHARGE	NG		
	a.		b.		CHANGE C.		PER UNIT (1)	TOTAL (2)
I. GENERAL: BASIC COM	MUNICATION	SERVICE AUTHO	RIZATIO	N			,	_/
1. AUTHORITY: Award pursuant to Basic Agreement I NEW ENGLAND TELEPHO modifying, superseding, amen	OCA200-91-H-(NE COMPANY	0003 for Communicat Y dba BELL ATLAN	on Servic ΓΙC INC.	es and Noth	facilities between	een t	the United States	of America and
2. Rates shown are in accordanges in Tariff rates.	C.				The Contracting	ng O	fficer shall be no	tified of any
3. Period of Performance: Communication Service Author	Period of Periorization is supe	formance shall be from rseded or terminated a	n effectiv at an earli	e date ier date	of award until	02 N	Nov 2003 unless t	his
4. This Basic CSA authori	zes continuation	n of all regulated serv	ices previ	iously	authorized on I	OCA	200-91-H-0003/	ГF37.
5. Invoices as defined by l shall be marked ORIGINAL.	Basic Agreemer	nt DCA200-91-H-000	3 shall be	prepar	red and submitt	ed ir	n quadruplicate, a	and one copy
NOTICE: In accordance with terms and conditions of this co- implemented by the cognizant implemented as existing contra- a competitive contract for the se- be required to work in conjunct with minimum impact upon se- right to extend the subject servi	ontract are subject Public Utility Control or agreement subject services etion with and to rvice to the cust	ct to the requirements commission (PUC) hants expire and as actu- is awarded and a chap cooperate with third tomer. To enable a si	of the Coving over al compet nge in ser party cor mooth cut	ompeting sight resident in the contractor of the	tion in Contracesponsibility. (s determined to rovider is requires) as necessare transitional permanents.	ting Com be p ired, y to eriod	Act (CICÂ) and petitive procedur practical or feasible the incumbent cenable a changed, the Government	any guidelines es shall be le. In the event ontractor shall over of suppliers it reserves the
10. DISBURSING OFFICER MAKIN			11. DISTI					
a. TYPED NAME (Last, First, Mid	ldle Initial)	b. GRADE			- CONTR			
DFAS-DV/FP			1 CY - C 2 CY - C					
12. AUTHORIZING OFFICIAL					G & FINANCI	Е		
a. SIGNATURE			1 CY - N 1 CY - 3	MAJC (OM			
b. TITLE		c. GRADE						
JOHN F. SUMMERS		o. GIADE	PAGE 1	OF 4				
CONTRACTING OFFICER				- 1				
13. ACCEPTANCE a. NAME OF CONTRACTING FIRM	Л	b. SIGNATURE OF C	ONTRACT	OR'S P	REPRESENTATIVE	=		c. DATE SIGNED
a. Make of Contributing Till	••	J. SIGNATORE OF C	CHINACI	511 6 11	L. HEOLMIAIIVE	-		(YYMMDD)

1. AUT	THORIZATION		2. AUTHORIZATION				CONTACT FOI
NUMBER		DATE	NUMBER	DATE	DETAILS	(Include Area Code)	
ΓF64			DCA200-91-H-0003	91 JAN 08	MSgt Lo	so (802)660-549	96
			DESCRIPTION	OF SERVICE			
PAGE	2 OF 4			NUMBER	NONREC	RATE	MONTH
I. SC	CHEDULE				CHARGE	PER UNIT	TOTAL
MAXI	IMUM LIMIT	AUTHORIZAT	ION				
0001	Non-recurring of DD Form Relocation of	nection Charges g Charges Incuri 1367 for Installa Services Alread	red by Issuance tion and			Y	EARLY TOTAL
	by this CSA NOT TO EX	CEED PER FIS	CAL YEAR				\$1000.00
0002	Period of 3 Mo	onths as Tracked III, SPECIAL P				Y	EARLY TOTAL
		CEED PER FIS	CAL YEAR				\$1000.00
SPEC	IFIC AUTHOR	IZATION					
0003A 0003A 0003A 0003A 0003A 0003A 0003A 0003A	C DID Service D Access Servi E Stop Hunt An F Measured Co G Touch Tone H Extension Li J Type C Signa K Foreign Listi L Type Mutua Type 2001 Pt M Signaling	Addl Channel Tankdeg-Mease Trunk ce trangement ombination Service ne Channel I Intraxchg ng I Aid (Circuit 80 tivate Line	2-203-202)	4 1 6 6 16 1 10 10 1 1 1 1 2 4		\$ 44.00 \$ 28.00 \$ 47.51 \$105.00 \$ 6.00 \$ 10.00 \$ 47.51 \$ 7.80 \$ 54.00 \$ 7.00 \$ 3.90 \$ 50.00 \$ 9.50	\$ 176.00 \$ 28.00 \$ 285.06 \$ 630.00 \$ 96.00 \$ 10.00 \$ 475.10 \$ 78.00 \$ 54.00 \$ 7.00 \$ 3.90 \$ 100.00 \$ 38.00

AUTHORITY: AF Form 1218 Request Number FB645182880001 undated

FUND CITE: 5793840 589 41K5 243800 58221F 01 492 503000

EFFECTIVE DATE: 02 Nov 98

III. SPECIAL PROVISIONS: SPECIAL CONTRACT REQUIREMENTS

1. REQUIREMENTS FOR SERVICE

Requirements for service provided hereunder will be forwarded to the contractor through issuance of a local order (DD Form 1367). A local order will also be issued for termination or changes to services. Services provided without a local order are not contractually covered.* Services may be ordered only as shown on the CSA Schedule. Orders must be signed by the Base Communications Officer or designee. Requirements for additional service may only be authorized by modification to this Basic CSA, issued by the Contracting Officer.*

2. MAXIMUM LIMIT AUTHORIZATION

Installation, removal, or relocation of "Maximum Limit Authorization" items may be ordered by the Base Communications Officer by issuance of local order (DD Form 1367, Commercial Communications Work Order). Local orders issued for services shall be within the maximum limits per item, miscellaneous service authorization, or service connection authorization. Local orders which exceed the maximum limits are not contractually covered.* Increases in Maximum Limit Authorizations can be made by the Contracting Officer only.

COMMUNICATION SE	RVICE AUTH	PAGE	of		
1. AUTHORIZATION 2. AUTHORIZATION NUMBER DATE NUMBER DATE			TELEPHONE NUMBER TO CONTACT FOR DETAILS (Include Area Code)		
TF64		DCA200-91-H-0003	91 JAN 08	MSgt Loso (802	2)660-5496

DESCRIPTION OF SERVICE

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*NOTE: The contractor is cautioned that any service beyond what is authorized in this CSA must be authorized in advance of providing the service by modification to this CSA issued by the Contracting Officer. The Contracting Officer cannot provide CSA coverage after the service has already been provided. Services performed without proper coverage cannot be incorporated into the CSA, nor can payment be made unless there is a "ratification" of the unauthorized act. THE CONTRACTING OFFICER DOES NOT HAVE AUTHORITY TO RATIFY. The ratification procedure is time consuming, requires a full investigation, and can only be accomplished by higher authority.

3. EMERGENCY RESTORATION OF SERVICE

In the event of damage or any other failure of the company facilities providing services pursuant to this CSA which creates an emergency condition, the Base Communications Officer (or his designated representative) is authorized to request restoration of the service. The request shall be limited to no more than direct repair or one-for-one replacement of the damaged or deteriorated facility. The company shall, upon receipt of a restoration request, proceed with immediate restoration. All verbal requests will be confirmed in writing within 48 hours from time of request. Copies of all Restoration Requests will be forwarded to the Contracting Officer by the Base Communications Officer. When the cost of restoration is billable to the Air Force, the company shall submit a bill to the Base Communications Officer, with a copy supported by itemized cost details to the Contracting Officer. The Contracting Officer will issue a contract modification authorizing payment upon validation of charges. If the emergency was due to damage of company facilities on base, after payment has been made, the Base Communications Officer will process a voucher in accordance with AFI 33-111, Vol 1. The local company representative and base should have mutual understanding on implementing the above provisions, such as whom to contact and what information is required by both parties.

4. ORDER CHANGES

Changes other than those identified in Paragraph 2 (i.e., installation, removal, or relocation) will be accomplished by modification hereto, to be issued by the Contracting Officer only.

5. BILLING

Billing for both recurring and non-recurring charges will be monthly, in arrears. Service records supporting all charges will be provided to the paying office if requested. Partial payment may be made where all charges on an invoice cannot be verified. The disputed items shall be identified to the contractor. The Government and the contractor will make every effort to resolve disputed items. Payment shall be made for all services authorized, ordered, and delivered under this CSA at the amount authorized. Each bill tendered for services provided under this CSA shall be identified by reference to the basic CSA number.

- a. Payment is authorized for the following services, if itemized under II. SCHEDULE: Description of Service herein:
 - (1) All recurring rate per month charges, as listed
 - (2) Nonrecurring charges up to the Maximum Limit authorized
 - (3) Tariff approved surcharges and taxes from which the Government is not exempt
 - (4) Validated local measured unit charges
 - (5) Validated official intra-lata toll charges
 - (6) Local directory assistance charges
 - (7) Busy verification charges
 - (8) Interruption of busy number charges
 - (9) Access charges
 - (10) Tariff-approved rate increases within the maximum limit authorized.

COMMUNICATION	N SERVICE A	PAGE	of		
1. AUTHORIZATION 2. AUTHORIZATION NUMBER DATE NUMBER		DATE	TELEPHONE NUMBER TO CONTACT FO DETAILS (Include Area Code)		
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DESCRIPTION OF SERVICE

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b. Funds will be obligated for the above authorized payments by the Base Communications Officer, on AF Form 406, "Miscellaneous Obligation/Reimbursement Document" (MORD) to be established with the Disbursing Officer identified on Page 1 hereof.

6. RATE CHANGES-TARIFF

The company shall notify the Contracting Officer in writing of any rate changes applicable to services listed hereon and to services provided by subsequent modifications hereto. The notification must clearly identify the item(s) of service affected by the change, the new rate, effective date, approving authority, and approval authority number. Upon receipt of proper notification from the base, via AF Form 1218, the Contracting Officer will modify this CSA to reflect this change.

- a. Payment for services at the changed rate is authorized for a maximum of three monthly billing periods without modification to this CSA, provided: (1) All bills submitted by the company clearly identify the change to the satisfaction of the paying office, (2) all items as to which the increase applies are already authorized under Section II SCHEDULE, and (3) a maximum limit authorization exists in Section II SCHEDULE, which represents availability of funds for payment of the increase in the price authorized for the item affected. If, at the end of the three monthly billing periods, the CSA has not been modified to authorize the new rate for the items affected, no further payment will be made and the authorization for this service shall be deemed to be terminated. Correction of any misapplied rates shall be retroactive to the effective date of the rate change.
- b. Services ordered by the Base Communications Officer or his designee, by issuance of a local order (DD Form 1367) will be at the new rate without regard to the price reflected on the CSA prior to issuance of a CSA modification to reflect the new rate.

OMMUNICATION SERVICE AUTHORIZATION (Continuation)					of	
1. AUTHORIZATION NUMBER DATE FF64		2. AUTHORIZATION NUMBER	DATE	TELEPHONE NUMBER TO CONTACT FOR DETAILS (Include Area Code)		
				MSgt Loso (802)660-5496		
F04		DCA200-91-H-0003 DESCRIPTION (91 JAN 08	MSgt Loso	(802)000-3490	
1 GD # OD		DESCRIPTION		NONDEC	DATE DED MONTH	
AGE 5 OF			NUMBER	NONREC CHARGE	RATE PER MONTH PER UNIT TOTAL	